FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Meuser for Congress PO Box 183 ADDRESS (number and street) (Check if address is changed) Hudson 54016 WI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.meuserforcongress.com (Check if address is changed) DATE 2024 C00654723 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Thomas, Datwyler,,, Date 06 02 2025 Signature of Treasurer Thomas, Datwyler,,,, NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Meuser, Daniel, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State PA District 09
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAG	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

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٧	Irite or Type Committee Name				
_	Meuser for Cong				
6.	-	ganization, Affiliated Committe	e, Joint Fundraising R	epresentative, or L	eadership PAC Sponsor.
	Meuser Victory Fund				
	Mailing Address	499 S Capitol St SW			
		Ste 405			
		Washington		DC	20003-4018
		CITY A		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organiz	zation 🗙 Joint Fundra	ising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone numb	per optional) and positi	on of the person in p	ossession of committee
	Thomas, Da	atwyler,, , ,			
	Full Name	DO Poy 193			
	Mailing Address	PO Box 183			
		Hudson		WI :	54016
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone	number 715	338 8544
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optionssistant treasurer).	onal) of the treasurer of	the committee; and	the name and address of
	Full Name Thomas, Da of Treasurer	atwyler,, , ,			
		PO Box 183			
	Mailing Address				
		Hudson		J WI L	54016
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼			- - =	000
	Treasurer		Telephone	number 715	

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Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position	,		
	Telephone n	umber	
	Depositories: List all banks or other depositories in which the committees or maintains funds.	ittee deposits funds, ho	olds accounts, rents
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin Avenue		
	McLean	VA 2210	1
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	First Resource Bank		
Mailing Address	1946 Washington Ave S		
	Stillwater	MN 55082	2
	CITY ▲	STATE ▲	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Problem Solvers Pa	triots		
Mailing Address	824 S Milledge Ave		
	Ste 101		<u> </u>
	Athens	GA	30605-1332
Relationship:	CITY A	STATE A	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
Connecte		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joint fly by name, address (phone number – optional)		
esignated Agent: Identi	Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint fly by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint fly by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A elephone Number	ZIP CODE A
esignated Agent: Identification of the composite of the c	Affiliated Committee Affiliated Committee Figure 1. Joint 1. Joint 2. Joi	STATE A elephone Number	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:			
1		FEC ID	number	С
2.		FEC ID	number	C
3.		FEC ID	number	С
4.		FEC ID	number	С
ame of Any Connecte , MEUSER PA VICTO	d Organization, Affiliated Committee, C DRY FUND	Joint Fundraising Rep	esentative,	or Leadership PAC Spon
Mailing Address	502 6TH STREET			
	HUDSON		WI	54016
Relationship:	CITY A		STATE A	ZIP CODE ▲
	Affiliated Committee fy by name, address (phone number –	X Joint Fundraising optional)	Representat	ive Leadership PAC Sp
			Representat	Leadership PAC 5
esignated Agent: Ident			Representat	Leadership PAC S
esignated Agent: Ident			Representat	Leadership PAC S
esignated Agent: Ident			Representat	Leadership PAC S
esignated Agent: Ident	fy by name, address (phone number –	optional)	TATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number –	optional)	TATE A	
Full Name Mailing Address	fy by name, address (phone number – CITY CITY ories: List all banks or other depositoric naintains funds.	optional) Telephone Nu	TATE mber ee deposits	ZIP CODE A funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank,	fy by name, address (phone number – CITY CITY ories: List all banks or other depositoric naintains funds.	optional) S Telephone Nues in which the committee	TATE mber ee deposits	ZIP CODE A funds, holds accounts, rent
Full Name Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	fy by name, address (phone number – CITY CITY ories: List all banks or other depositoric naintains funds.	optional) S Telephone Nues in which the committee	TATE mber ee deposits	ZIP CODE A funds, holds accounts, rent
Full Name Full Name Mailing Address TITLE OR POSITIO anks or Other Depositatety deposit boxes or reame of Bank, epository, etc.	fy by name, address (phone number – CITY CITY ories: List all banks or other depositoric naintains funds.	optional) S Telephone Nues in which the committee	TATE mber ee deposits	ZIP CODE A funds, holds accounts, rent